YORK COUNTY DEPARTMENT OF FIRE AND LIFE SAFETY ANIMAL CONTROL

Claimant's Name: John Combs			_, Virginia
Address: 1221 Yorktown Road	Janus	ary 29 (Date)	, 19 <u>200</u> 2
Telephone: 867-8371		(Date)	
TO THE BOARD OF SUPERVISORS OF YORK COUNT	ГΥ:		
I hereby certify that on the <u>29</u> day of <u>January</u> entered my premises and (1) injured, (2) killed (delete or			
sheep, assessed valuation each \$	Total	\$	
lambs, fair value each \$	Total	\$	
turkeys, total weight lbs.,			
fair value per pound \$	Total	\$	
chickens, total weight lbs.,			
fair value per pound \$	Total	\$ 27.80	(see attached)
geese, total weight lbs.,			
fair value per pound \$	Total	\$	<u>.</u>
fair value each \$	Total	\$	
NOTE: Attach evidence of fair market value as claimed	above.		
I further certify that I do not know the owner or that the loss was reported to the York County Animal poultry were in York County at the time of the loss, and fair market value.	Warden wi	thin 72 hours, tha	at the livestock or aimed to represent
I do hereby certify that I know to my knowledge, livestock or poultry were killed by dogs and were lawfully	on property		t the time.
Subscribed and sworn to before me, this 8thda by John Combs and Larry I	Phillips		_, 19 <u>_20</u> 02
My commission expires: <u>March 31, 20</u>		· · · · · ·)
	<u> 2. M</u>	Notary Publi	()